

**MDR Tracking Number: M5-04-1747-01**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on February 17, 2004.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 02-17-04, therefore the following date(s) of service are not timely: 02-14-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The therapeutic exercises, myofascial release, joint mobilization and electrical stimulation from 02-18-03 through 02-20-03 **were found** to be medically necessary. The therapeutic exercises, myofascial release, joint mobilization and electrical stimulation on 03-19-03 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 02-18-03 through 02-20-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 17<sup>th</sup> day of August 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division  
PR/pr

## **NOTICE OF INDEPENDENT REVIEW DECISION**

July 16, 2004

**Re: IRO Case # M5-04-1747, amended 8/11/04**  
**IRO Certificate #4599**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

### Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. MRI and x-ray reports right scapula cervical spine 7/16/01
4. MRI report lumbar spine 7/10/96, Peer reviews 7/13/03, 3/16/01, 3/7/97, 1/9/97
5. D.C. evaluation 10/17/01
6. IME 11/21/96
7. Medical evaluation report 3/21/97
8. Medical records 1/20/03 – 8/20/03
9. Physical therapy notes 1/20/03 – 8/22/03
10. Orthopedist records 7/5/01 – 2/25/02

### History

The patient fell off a riding mower in \_\_\_\_ and injured his low back. He was treated conservatively with physical therapy and chiropractic treatment. MRIs of the cervical, thoracic and lumbar spine revealed multiple herniated disks. The patient completed a pain management program. The patient then suffered a recurrence of his pain in January 2003. He was seen by an M.D. on 1/20/03 was diagnosed with an exacerbation of his injury and was started on physical therapy. The patient completed 13 visits of physical therapy over the next five weeks. It was noted on follow-up with his physician on 2/20/03 that the patient was improved as a result of the physical therapy, and he was discharged from physical therapy.

### Requested Service(s)

Therapeutic exercises, myofascial release, joint mobilization, electrical stimulation  
2/18/03 – 3/19/03

### Decision

I disagree with the carrier's decision to deny the requested services through 2/20/03.

I agree with the denial of the services on 3/19/03.

### Rationale

The patient suffered an exacerbation of his original injury. Per his treating doctor who evaluated him, the patient completed a 5-week course of physical therapy with a total of 13 sessions. He was improved, and then discharged at the completion of these visits on 2/20/03. According to a chiropractic review on 6/13/03, there were no medical records for the year prior to the exacerbation of the pain. It appears that the patient had been doing well prior to this exacerbation of the pain. The physical therapy then would be considered reasonable and necessary. At the time of the

follow-up on 2/20/03, the patient's physician discharged the patient from physical therapy. The documentation provided for this review does not support the need for any physical therapy services beyond that point.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.